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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Every Voice Action	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00566208 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Every Voice		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 03 / 2016</div> </div>	
Mailing Address 1211 Connecticut Ave NW Ste 600		Amount <div> <div>Amount</div> <div>500.00</div> </div>	
City Washington	State DC	Zip Code 20036-2705	Transaction ID : VN7BAA73MV6 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 03 / 2016</div> </div>
Purpose of Expenditure Social Media Advertisement Costs		Category/ Type	<div> <div>Category/Type</div> <div>004</div> </div>
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>7150.74</div> </div>		District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Every Voice social media advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 1211 Connecticut Ave NW Ste 600		Amount 1093.86	
City Washington	State DC	Zip Code 20036-2705	Transaction ID : VN7BAA79G69 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2016
Purpose of Expenditure Staff time & assoc costs: in-kind:Faulkner 675 & Stovall 143 & O/H 276-See contribution VN8AJFAHYY2		Category/ Type 001	
Name of Federal Candidate Trump, Donald, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 7150.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1593.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Date _____

MM / DD / YYYY